



CITY OF SOMERVILLE, MASSACHUSETTS
OFFICE OF STRATEGIC PLANNING & COMMUNITY DEVELOPMENT
JOSEPH A. CURTATONE
MAYOR

DIVISION OF INSPECTIONAL SERVICES

BUILDING DEPARTMENT

I, Kelly A Como, as Keeper of the Records for the City of Somerville, Mayors Office of Strategic Planning and Community Development, Inspectional Services Division, hereby certify that the documents herewith are true and accurate copies of documents in the custody of the Inspectional Services Division relative to the following property:

349 BROADWAY
3 copies

Signed under the pains and penalties of perjury, this 25 day of NOV, 2011.

Kelly A Como
Signature

KELLY A COMO
Print Name





CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 140.0
OF THE MASSACHUSETTS STATE BUILDING CODE

PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICIAL USE ONLY

FEE: \$ 391.00
DATE REC'D: 9/13/08
ACCEPTED BY: JA
DATE ISSUED: 10/6/08
DATE DENIED:
PERMIT NO. BP-08-3356

1. LOCATION OF PROPERTY (NO. AND STREET)		349 Broadway		MAP 58 BLOCK D LOT 17	
2. NAME AND ADDRESS OF PROPERTY OWNER		K & T CORP 20 REG COAT RD			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		FRAMINGHAM, MA 01701			
REGISTRATION NUMBER		CONTANTINO		TELEPHONE -508 277-6625	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		FONDALES MAIA		TELEPHONE 617 947 1240	
CONST. SUPER. LIC. NO. 071920		H.I.C. REG. NO. 12440		SIGNATURE (REQ'D)	
5. ZONING DIST. BA	TYPE OF PERMIT: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY				
6. WARD 4	<input checked="" type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER				
7. CURRENT USE(S) RESTAURANT		PROPOSED USE(S)			
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP B			
9. ESTIMATED CONSTRUCTION COST		22000			
10. WHAT IS THE CONSTRUCTION TYPE? CONCRETE		PLANS SUBMITTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD	RIGHT SIDE	LEFT SIDE
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES		
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER					
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, GIVE COMMISSION APPROVAL DATE					
16. WASTE DISPOSAL COMPANY WASTE OF BOSTON		DISPOSAL SITE ADDRESS			
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					

DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION

(DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)

RENOVATE INTERIOR - REMOVE CARPET - INSTALL CERAMIC/HARDWOOD
FLOOR - PAINT - SOME OUTLETS FOR ELECTRICAL EQUIPMENT
COFFEE MACH/REFRIG/DISPLAY CASES ETC. SOME PLUMBING
INSTALL NEW COUNTERSINK OVEN -
PLUMBING - INSTALL GAS OVEN - REPLACE EXISTING SINK
DISCONNECT STOVE WITH NEW ONE -
INSTALL - ELECTRIC - BLENDERS - MIXERS
CONCRETE 4X30" INSIDE PROPERTY
REDONE DRAINAGE ON SIDE - INSTALL CONCRETE BLOCK AS PER CON
WATER DEPT: 10-6-08 Chelsea Refine.

ARE THE FOLLOWING INCLUDED?

	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICAL	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input checked="" type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO
THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

KONADO MAIA

Print name clearly

39 BREAKWATER DRIVE

Street

CHELSEA

City

MA

State

02150

Zip

617 947 1040

Phone number where you can be reached days

APPROVED

Inspector's Name and Title

** Building Permit issued pursuant to Massachusetts Building Code Requirements **

RECEIVED

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)



CITY OF SOMERVILLE
DIVISION OF INSPECTIONAL SERVICES

APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE
PLEASE TYPE OR PRINT CLEARLY IN INK

FOR OFFICE USE ONLY

FEE: 162.00
DATE REC'D: 8-12-09
ACCEPTED BY: AB
DATE ISSUED: 8-12-09
DATE DENIED:
PERMIT NO: BP-09-4620

1. LOCATION OF PROPERTY (NO. AND STREET): 349 BROADWAY		MAP 58 BLOCK D LOT	
2. NAME AND ADDRESS OF PROPERTY OWNER: KLT 1001 20 HST 1024 HANOVER ST			
3. NAME AND ADDRESS OF ARCHITECT/ENGINEER		REGISTRATION NUMBER TELEPHONE	
4. NAME AND ADDRESS OF BUILDER/LICENSE HOLDER		TELEPHONE:	
CONST. SUPER. LIC. NO. 74820		H.I.C. REG. NO. SIGNATURE (REQ'D)	
5. ZONING DIST. BA	TYPE OF PERMIT: <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> CERTIFICATE OF OCCUPANCY		
6. WARD 4	<input type="checkbox"/> REPAIR <input type="checkbox"/> DEMOLITION <input checked="" type="checkbox"/> ALTERATION <input type="checkbox"/> OTHER		
7. CURRENT USE(S) Bakery/Restaurant		PROPOSED USE(S) Bread + Co.	
8. IF USE(S) IS A RESIDENCE, INDICATE NUMBER OF DWELLING UNITS		USE GROUP	
9. ESTIMATED CONSTRUCTION COST 8700			
10. WHAT IS THE CONSTRUCTION TYPE?		PLANS SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. LOT DIMENSIONS	AREA	FRONT YARD	REAR YARD
12. PROPOSED SETBACKS		FRONT YARD	REAR YARD
13. HEIGHT OF STRUCTURE (FT.)	TOTAL SQUARE FOOTAGE		NUMBER OF STORIES
14. DOES THE PROPOSED PROJECT REQUIRE A VARIANCE AND/OR SPECIAL PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, AND A DECISION HAS BEEN ISSUED, PLEASE GIVE DECISION NUMBER	
15. IS PROPOSED WORK WITHIN A HISTORIC DISTRICT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, GIVE COMMISSION APPROVAL DATE	
16. WASTE DISPOSAL COMPANY		DISPOSAL SITE ADDRESS	
17. DEMOLITION: HAS DEPT. NOTIFICATION FORM BEEN COMPLETED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DETAILED DESCRIPTION OF PROPOSED CONSTRUCTION (DO NOT INDICATE "SEE ATTACHED PLANS," PLEASE BE SPECIFIC)			
INSTALL COUNTER TOP + SINK + DISHWASHER 30" WIDE SINK HANDLING			
ICE BIN, 3 REF. UNITS, FIRE PLACE (STOVE)			
HITCHING POSTS, ELECTRICAL + PLUMBING ROUGH WORK			

ARE THE FOLLOWING INCLUDED?	YES	NO
OCCUPYING STREET OR SIDEWALK	(1) <input type="checkbox"/>	<input type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1) <input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1) <input type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/FITTING	(1) <input type="checkbox"/>	<input type="checkbox"/>
HEATING (Mechanical)	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
OIL STORAGE	(1) <input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2) <input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER/SEWER	(1) <input type="checkbox"/>	<input type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3) <input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3) <input type="checkbox"/>	<input type="checkbox"/>
WOOD BURNING APPLIANCE	(1) <input type="checkbox"/>	<input type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
NOTES: 2. HEAT LOSS INFO REQUIRED
NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of Owner or Authorized Agent

Print name clearly

Street

City

State

Zip

Phone number where you can be reached days

APPROVED

Inspector's Name and Title

** Building Permit issued pursuant to Massachusetts Building Code Requirements **

Persons contracting with unregistered contractors do not have access to the Guaranty Fund (As set forth in MGL c142A)



APPLICATION FOR A PERMIT TO BUILD ALTER REPAIR
IN ACCORDANCE WITH SECTION 110.0
OF THE MASSACHUSETTS STATE BUILDING CODE

FOR OFFICE USE ONLY

FEE: 210.00

DATE REC'D: 3-4-10

ACCEPTED BY: *AB*

DATE ISSUED: 3-4-10

DATE DENIED

PERMIT NO.: BP-10-5418

ARE THE FOLLOWING INCLUDED?		YES	NO
OCCUPYING STREET OR SIDEWALK	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DUMPSTER ON CITY PROPERTY	(1)	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	(1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PLUMBING GAS/ FITTING	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING (Mechanical)	(1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
OIL STORAGE	(1)	<input type="checkbox"/>	<input type="checkbox"/>
AIR CONDITIONING	(1) (2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PUBLIC WATER/SEWER	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FIRE SUPPRESSION (Mechanical)	(1) (3)	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DETECTION	(3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
WOOD BURNING APPLIANCE	(1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NOTES: 1. REQUIRES SEPARATE PERMIT
 NOTES: 2. HEAT LOSS INFO REQUIRED
 NOTES: 3. STAMPED PLAN REQUIRED

I HAVE PROVIDED THE ABOVE INFORMATION AND IT IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PAULO

Signature of Owner or Authorized Agent _____

Piolo Torres Carlos

Print name clearly

351 MYSTIC ST

Street

EUGENE

MA

02149

City

State

Zip

617 381 4606 / 617 ~~216~~ 7140

Phone number where you can be reached days

APPROVED

Inspector's Name and Title